

Defense for Force Protection and Readiness.”.

(b) RESPONSE TO MEDICAL NEEDS ARISING FROM MANDATORY MILITARY VACCINATIONS.—

(1) IN GENERAL.—The Secretary of Defense shall maintain a joint military medical center of excellence focusing on the medical needs arising from mandatory military vaccinations.

(2) ELEMENTS.—The joint military medical center of excellence under paragraph (1) shall consist of the following:

(A) The Vaccine Healthcare Centers of the Department of Defense, which shall be the principal elements of the center.

(B) Any other elements that the Secretary considers appropriate.

(3) AUTHORIZED ACTIVITIES.—In acting as the principal elements of the joint military medical center under paragraph (1), the Vaccine Healthcare Centers referred to in paragraph (2)(A) may carry out the following:

(A) Medical assistance and care to individuals receiving mandatory military vaccines and their dependents, including long-term case management for adverse events where necessary.

(B) Evaluations to identify and treat potential and actual health effects from vaccines before and after their use in the field.

(C) The development and sustainment of a long-term vaccine safety and efficacy registry.

(D) Support for an expert clinical advisory board for case reviews related to disability assessment questions.

(E) Long-term and short-term studies to identify unanticipated benefits and adverse events from vaccines.

(F) Educational outreach for immunization providers and those required to receive immunizations.

(G) The development, dissemination, and validation of educational materials for Department of Defense healthcare workers relating to vaccine safety, efficacy, and acceptability.

(c) LIMITATION ON RESTRUCTURING OF VACCINE HEALTHCARE CENTERS.—

(1) LIMITATION.—The Secretary of Defense may not downsize or otherwise restructure the Vaccine Healthcare Centers of the Department of Defense until the Secretary submits to Congress a report setting forth a plan for meeting the immunization needs of the Armed Forces during the 10-year period beginning on the date of the submittal of the report.

(2) REPORT ELEMENTS.—The report submitted under paragraph (1) shall include the following:

(A) An assessment of the potential biological threats to members of the Armed Forces that are addressable by vaccine.

(B) An assessment of the distance and time required to travel to a Vaccine Healthcare Center by members of the Armed Forces who have severe reactions to a mandatory military vaccine.

(C) An identification of the most effective mechanisms for ensuring the provision services by the Vaccine Healthcare Centers to both military medical professionals and members of the Armed Forces.

(D) An assessment of current military and civilian expertise with respect to mass adult immunization programs, including case management under such programs for rare adverse reactions to immunizations.

(E) An organizational structure for each military department to ensure support of the Vaccine Healthcare Centers in the provision of services to members of the Armed Forces.

AMENDMENT NO. 4516

(Purpose: To ensure the timely completion of the equity finalization process for Naval Petroleum Reserve Numbered 1)

At the end of division C, add the following:

## TITLE XXXIII—NAVAL PETROLEUM RESERVES

### SEC. 3301. COMPLETION OF EQUITY FINALIZATION PROCESS FOR NAVAL PETROLEUM RESERVE NUMBERED 1.

Section 3412(g) of the National Defense Authorization Act for Fiscal Year 1996 (Public Law 104-106; 10 U.S.C. 7420 note) is amended—

(1) by inserting “(1)” after “(g)”;

(2) by adding at the end the following new paragraph:

“(2)(A) In light of the unique role that the independent petroleum engineer who is retained pursuant to paragraph (b)(2) performs in the process of finalizing equity interests, and the importance to the United States taxpayer of timely completion of the equity finalization process, the independent petroleum engineer’s ‘Shallow Oil Zone Provisional Recommendation of Equity Participation,’ which was presented to the equity finalization teams for the Department of Energy and Chevron U.S.A. Inc. on October 1 and 2, 2002, shall become the final equity recommendation of the independent petroleum engineer, as that term is used in the Protocol on NPR-1 Equity Finalization Implementation Process, July 8, 1996, for the Shallow Oil Zone unless the Department of Energy and Chevron U.S.A. Inc. agree in writing not later than 60 days after the date of the enactment of this paragraph that the independent petroleum engineer shall not be liable to either party for any cost or expense incurred or for any loss or damage sustained—

“(i) as a result of the manner in which services are performed by the independent petroleum engineer in accordance with its contract with the Department of Energy to support the equity determination process;

“(ii) as a result of the failure of the independent petroleum engineer in good faith to perform any service or make any determination or computation, unless caused by its gross negligence; or

“(iii) as a result of the reliance by either party on any computation, determination, estimate or evaluation made by the independent petroleum engineer unless caused by the its gross negligence or willful misconduct.

“(B) If Chevron U.S.A. Inc. agrees in writing not later than 60 days after the date of the enactment of this paragraph that the independent petroleum engineer shall not be liable to Chevron U.S.A. Inc. or the Department of Energy for any cost or expense incurred or for any loss or damage described in clauses (i) through (iii) of subparagraph (A), the Department of Energy shall agree to the same not later than such date.”.

AMENDMENT NO. 4466

(Purpose: To improve mental health screening and services for members of the Armed Forces)

At the end of subtitle B of title VII, add the following:

### SEC. 730. ENHANCED MENTAL HEALTH SCREENING AND SERVICES FOR MEMBERS OF THE ARMED FORCES.

(a) REQUIRED ELEMENTS OF ASSESSMENTS.—Each pre-deployment mental health assessment of a member of the Armed Forces, shall include the following:

(1) A mental health history of the member, with emphasis on mental health status during the 12-month period ending on the date of the assessment and a review of military service during that period.

(2) An assessment of the current treatment of the member, and any use of psychotropic medications by the member, for a mental health condition or disorder.

(3) An assessment of any behavior of the member identified by the member’s commanding officer that could indicate the presence of a mental health condition.

(4) Information provided by the member (through a checklist or other means) on the presence of any serious mental illness or any symptoms indicating a mental health condition or disorder.

(b) REFERRAL FOR FURTHER EVALUATION.—Each member of the Armed Forces who is determined during a pre-deployment or post-deployment mental health assessment to have, or have symptoms or indicators for, a mental health condition or disorder shall be referred to a qualified health care professional with experience in the evaluation and diagnosis of mental health conditions.

(c) REFERRAL OF MEMBERS DEPLOYED IN CONTINGENCY OR COMBAT OPERATIONS.—any member of the Armed Forces called or ordered to active duty in support of contingency or combat operations who requests access to mental health care services any time before, during, or after deployment shall be provided access to such services—

(1) not later than 72 hours after the making of such request; or

(2) at the earliest practicable time thereafter.

(d) MINIMUM MENTAL HEALTH STANDARDS FOR DEPLOYMENT.—

(1) STANDARDS REQUIRED.—The Secretary of Defense shall prescribe in regulations minimum standards for mental health for the eligibility of a member of the Armed Forces for deployment to a combat operation or contingency operation.

(2) ELEMENTS.—The standards required by paragraph (1) shall include the following:

(A) A specification of the mental health conditions, treatment for such conditions, and receipt of psychotropic medications for such conditions that preclude deployment of a member of the Armed Forces to a combat operation or contingency operation, or to a specified type of such operation.

(B) Guidelines for the deployability and treatment of members of the Armed Forces diagnosed with a severe mental illness or Post Traumatic Stress Disorder (PTSD).

(3) UTILIZATION.—The Secretary shall take appropriate actions to ensure the utilization of the standards prescribed under paragraph (1) in the making of determinations regarding the deployability of members of the Armed Forces to a combat operation or contingency operation.

(e) MONITORING OF CERTAIN INDIVIDUALS.—The Secretary of Defense shall develop a plan, to be implemented throughout the Department of Defense, for monitoring the mental health of each member of the Armed Forces who, after deployment to a combat operation or contingency operation, is known—

(1) to have a mental health condition or disorder; or

(2) to be receiving treatment, including psychotropic medications, for a mental health condition or disorder.

(f) IMPLEMENTATION.—Not later than six months after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House or Representatives a report on the actions taken to implement the requirements of this section.

AMENDMENT NO. 4517

(Purpose: To make funds available for the Our Military Kids youth support program)

At the end of title XIV, add the following:

### SEC. 1414. OUR MILITARY KIDS YOUTH SUPPORT PROGRAM.

(a) ARMY FUNDING FOR EXPANSION OF PROGRAM.—Of the amount authorized to be appropriated by section 1405(1) for operation and maintenance for the Army, \$1,500,000 may be available for the expansion nationwide of the Our Military Kids youth support program for dependents of elementary and